

SCION_x

South Carolina's Infectious Disease and Outbreak Network

External User Manual



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SCIONx

External User Guide

This guide is intended to provide step-by-step support that will allow the user to explore functions and features related to completion of the Disease Reporting Form. The process will also allow the user to understand general concepts associated with the application.

South Carolina Infectious disease and Outbreak Network for Externals (SCIONx) is a web-based portal to report diseases and conditions listed on the current SC List of Reportable Conditions to Department of Health and Environmental Control (SC DHEC). SCIONx downloads reports into South Carolina's Infectious disease and Outbreak Network (SCION), an integrated system for disease surveillance and outbreak management. It replaces Carolina's Health Electronic Surveillance System (CHESS).

The guide covers the following specific tasks:

- Getting Help
- Creating an ESA Account
- Adding a New User/Provider
- Submitting a Disease Report
- Password Resets

Internet Browser Recommendations

For optimal use and benefit of SCIONx, user should utilize one of the following internet browsers, which have been listed in order of preference:

- Microsoft Internet Explorer: Version 9 or greater
- Google Chrome: Version 17 or greater
- Mozilla Firefox: Version 8 or greater

If you need assistance with SCIONx, you can:

Visit the website at <https://www.scdhec.gov/apps/health/sciapps/>

OR

Call or email the helpdesk at

1-800-917-2093

SCIONHELP@dhec.sc.gov

NOTE: Every SCIONx user must create an individual account – Accounts may not be shared.

Existing SCIAPPS account:

Go to <https://www.scdhec.gov/apps/health/sciapps/> and log in.

Once logged in the Dashboard will appear, under More Enrollments & Applications highlight SCIONx in the drop down and click “Add”.

The screenshot displays the SCIAPPS Dashboard interface. On the left is a vertical sidebar with navigation links: Home, Dashboard (highlighted in blue), Change Password, and Logoff. The main content area is titled 'SCIAPPS Dashboard' and is divided into two sections. The top section, 'Provider', shows details for 'Labcorp' at '132 N. Main St, Sumter, SC 29150'. It also lists identifiers: 'SCIONExternal : PEFERPSPDMA', 'FEIN : 00-0000001', and 'NPI : 0000000009'. Below this are 'Update Provider' and 'Change Provider' buttons. The bottom section, 'Enrollments & Applications', features a green box labeled 'SCIONx'. At the bottom of this section, under the heading 'More Enrollments & Applications:', there is a dropdown menu with the text '--Select Application To Add--' and a blue 'Add' button. A red arrow points to the 'Add' button.

Click “ADD”

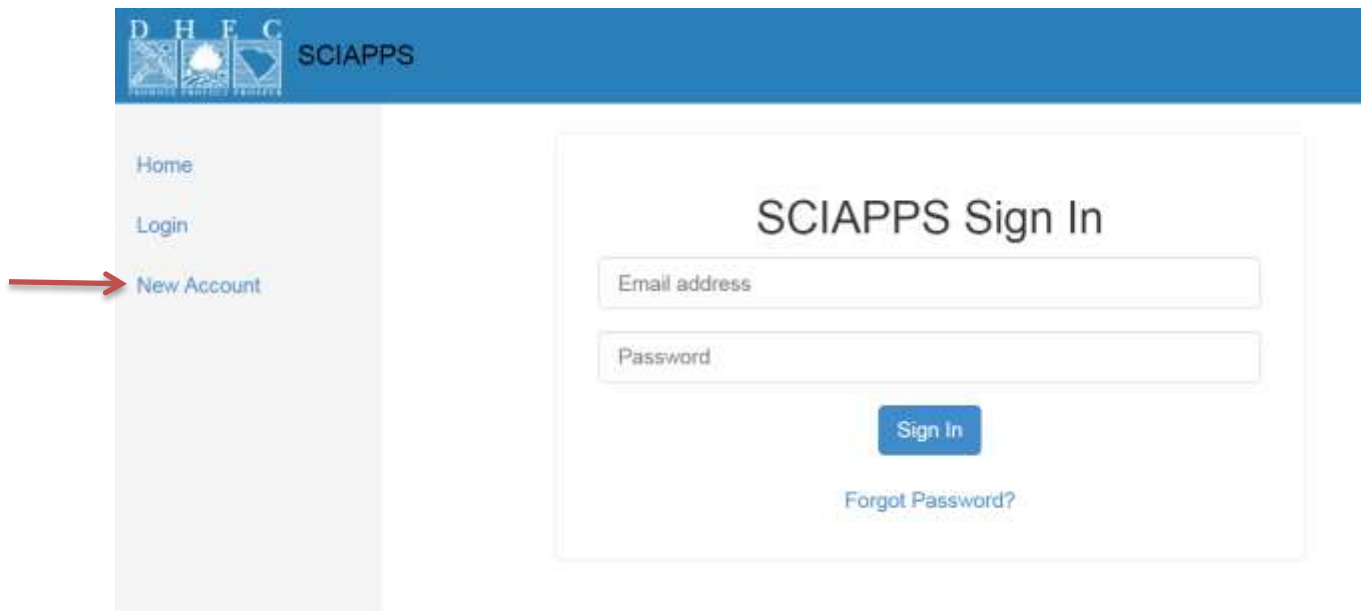
Note: The ESA must establish a facility account prior to individual user access being granted to SCIONx.

New ESA Account:

Go to the SCIAPPS website at:

<https://www.scdhec.gov/apps/health/sciapps/>

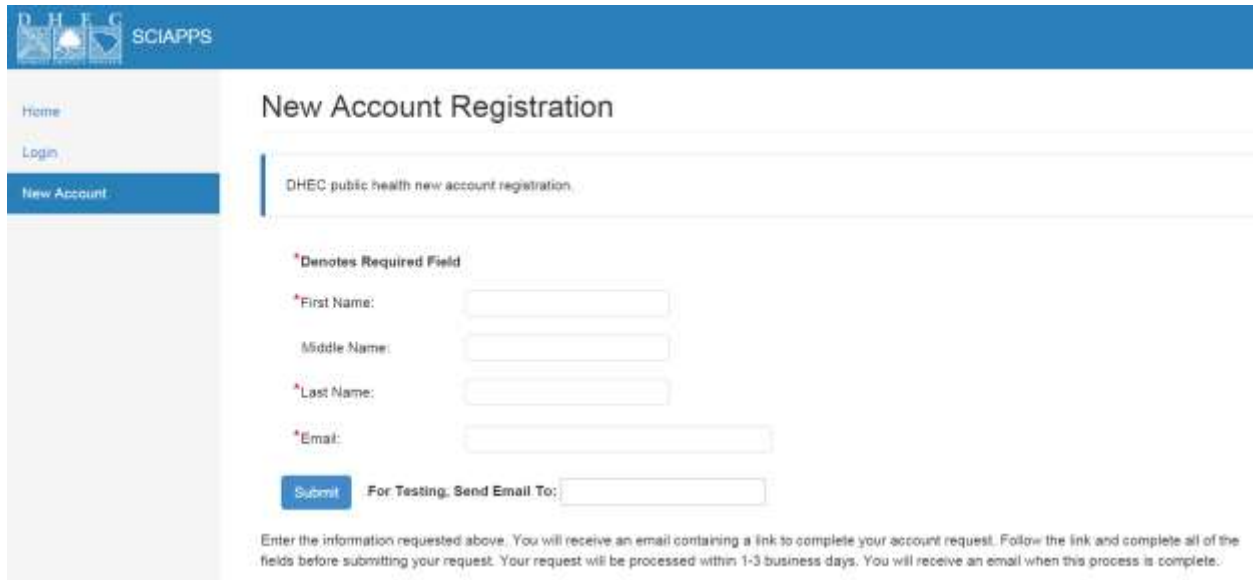
You will see a homepage. Click the link on the left to request a New Account.



The screenshot shows the SCIAPPS Sign In page. The header is blue with the D H E C logo and the text 'SCIAPPS'. The left navigation menu has links for 'Home', 'Login', and 'New Account'. A red arrow points to the 'New Account' link. The main content area is titled 'SCIAPPS Sign In' and contains two input fields: 'Email address' and 'Password'. Below these fields is a blue 'Sign In' button and a link for 'Forgot Password?'.

The Electronic Signature Authority (ESA), sometimes referred to as the SCIONx Senior Facility Authority (SFA), must complete this information. The Electronic Signature Authority should be one of the following; Doctor of Medicine, Doctor of Osteopathy, Advanced Practice Registered Nurse, Physician Assistant, Registered Nurse, Doctor of Pharmacy, Registered Pharmacists, Clinical Supervisor, Lab/Department Supervisor, or Center Manager.

CREATING AN ESA ACCOUNT



The screenshot shows the 'New Account Registration' page of the SCIAPPS system. The header includes the DHEC logo and the text 'SCIAPPS'. A left sidebar contains links for 'Home', 'Login', and 'New Account' (which is highlighted). The main content area is titled 'New Account Registration' and contains a sub-header 'DHEC public health new account registration'. Below this, there is a legend stating '*Denotes Required Field'. The form includes input fields for 'First Name', 'Middle Name', 'Last Name', and 'Email', each preceded by an asterisk. A 'Submit' button is located below the 'Email' field. To the right of the 'Submit' button is a text input field labeled 'For Testing, Send Email To:'. At the bottom of the form, a paragraph of text reads: 'Enter the information requested above. You will receive an email containing a link to complete your account request. Follow the link and complete all of the fields before submitting your request. Your request will be processed within 1-3 business days. You will receive an email when this process is complete.'

Enter the information requested above. You will receive an email containing a link to complete your account request. Click the link or copy and paste it into your browser and complete all the fields before submitting your request. Your request will be processed within 1-3 business days. **NOTE: You will need to do this within 24 hours of receiving the email or the link will expire.**

SCIAPPS Account Registration:

You are receiving this email because this email address was used to create a new SCIAPPS account.

If you did not initiate this request, do nothing and it will be discarded.

To continue the account creation process, please click the following link or copy and paste it into your browser.

<http://wwwtest/Apps/Health/SCIAPPS/Account/VerifyAccount/fdedd2fd-6603-42b7-9b01-212975c61bc7>

New Account Verification form:

Account Verification

* Denotes Required Field

Facility Information

* Facility Name:

Practice Name:
(or Doing Business As)

Federal Employee
Identification Number:
*(FEI)

* Organization's NPI:

* Facility Phone Number:

Ext:

Facility Address:
*(no P.O. Box)

* City:

* State:

* Zip:

* County:

User/ESA Information

An Electronic Signature Authority (ESA) is someone that is authorized to sign enrollment forms for the practice.

Email Address:
*(User Name)

* First Name:

Middle Name:

* Last Name:

* Position / Title of ESA:

Enrollment/Registration Types

- ☐ South Carolina Immunization Registry (SCI Registry)
- ☐ VFC Program
- ☐ HL-7 Electronic Data Exchange to the Registry
- ☐ SCIONx

Submit

User/ESA Information:

User/ESA Information
An Electronic Signature Authority (ESA) is someone that is authorized to sign enrollment forms for the practice.

Email Address:
*(User Name) GenericUser@cannonmemorial.com

*First Name: Generic

Middle Name:

*Last Name: User

*Position / Title of ESA: --Select Position / Title--

Enrollment/Registration Types

☐ South Carolina Immunization Registry (SCI Registry)

☐ VFC Program

☐ HL-7 Electronic Data Exchange to the Registry

☐ SCIONx

Submit

Choose the applicable ESA Position/Title

Note: The Electronic Signature Authority should be one of the following; Doctor of Medicine, Doctor of Osteopathy, Advanced Practice Registered Nurse, Physician Assistant, Registered Nurse, Registered Pharmacists, Clinical Supervisor, Lab/Department Supervisor, or Center Manager.

Enrollment/Registration Types

☐ South Carolina Immunization Registry (SCI Registry)

☐ VFC Program

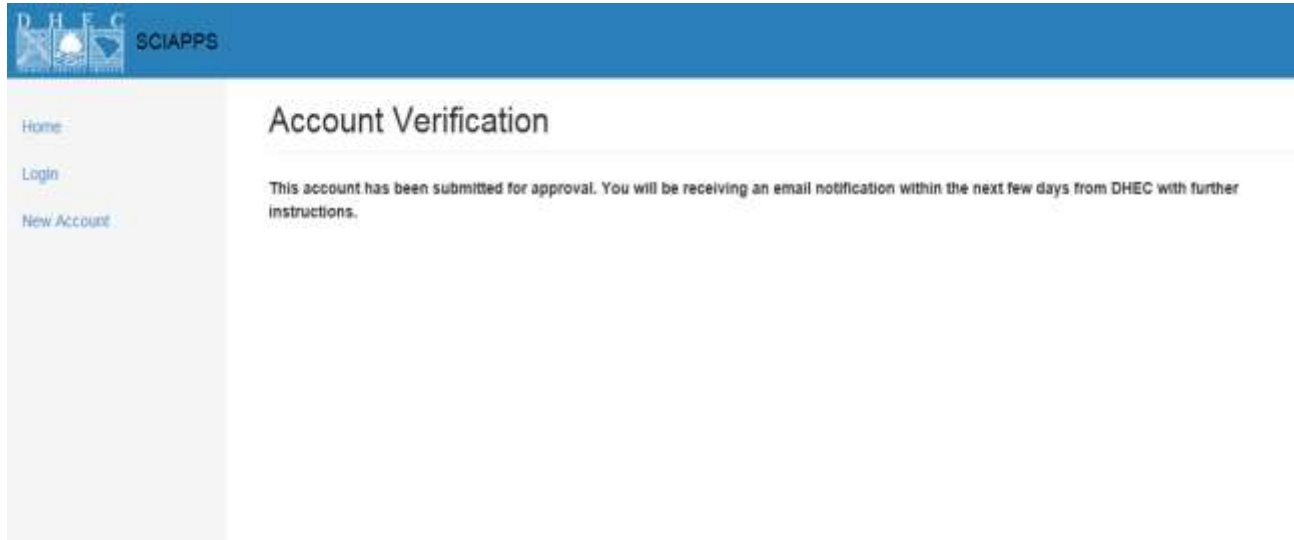
☐ HL-7 Electronic Data Exchange to the Registry

☐ SCIONx

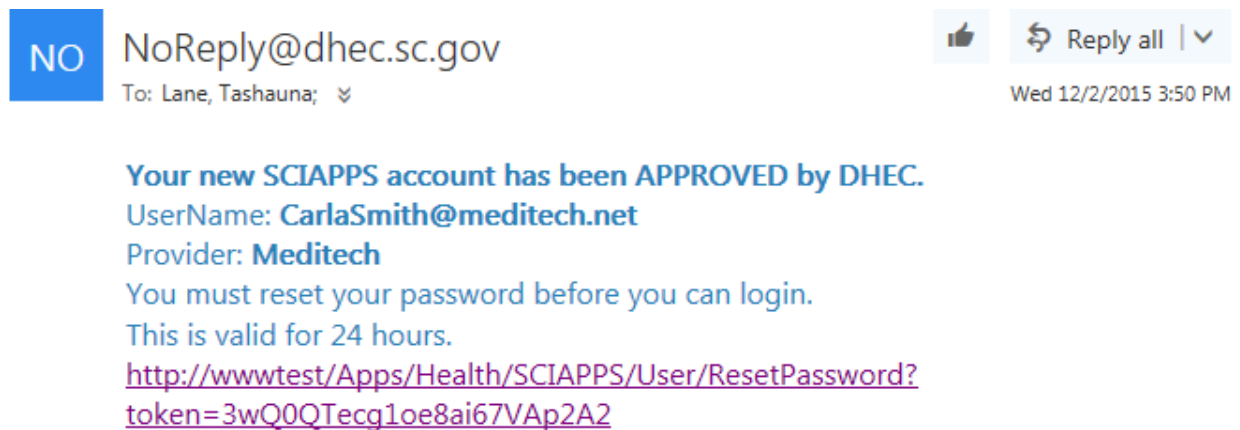
Submit

Please check "SCIONx" under Enrollment Registration Types. By completing and submitting this form, the user is requesting access to the SCIONx system.

Account Verification Confirmation:



Once the account has been approved, the ESA will receive an additional email with a link to create a password.



Note: Passwords must meet DHEC security requirements.

Enter and re-enter a password of your choice. The password must be at least 8 characters long including at least 1 number, 1 letter and 1 special character (~!@#\$%^&*()_+ -=).

Set Password

New password

Confirm new password

Change Password

Passwords must be changed every 90 days. Accounts will be disabled due to inactivity of greater than 30 days or deleted due to inactivity of greater than 90 days.

Each facility must maintain at least two active users. If you are leaving a facility and access is no longer required please contact the SCIONx helpdesk at Scionhelp@dhec.sc.gov.

Once the password has been confirmed and changed, the user will be required to set up verification questions for the system. These verification questions will be used to verify your identity where needed for security purposes.

Set Verification Answers

You do not currently have any verification answers on file.

Question 1

--SELECT QUESTION--



Question 2

--SELECT QUESTION--



Question 3

--SELECT QUESTION--



Save

Enrollment:

After you set up your security questions, you will be taken to the enrollment home page. Click the link to complete the User Agreement. The User Agreement will only need to be submitted once.

Enrollment

Please fill out and submit your [User Agreement](#).

**Reporting**

Please fill out and submit your [User Agreement](#).

Note: All SCIONx training referred to on the agreement will be available online – you will not be required to attend a live training offsite.

User Confidentiality Account:

The User Confidentiality Agreement governs access to SCIONx and must be completed before access is granted.

Your User Confidentiality Agreement has not been completed. You must complete the user agreement (below) to be able to use the disease reporting system.

SCION User Confidentiality Agreement

This Agreement governs my access to SCIONx (South Carolina Infectious Outbreak Network External Portal), developed and maintained by the South Carolina Department of Health and Environmental Control (DHEC).

SCIONx (South Carolina Infectious Outbreak Network External Portal) is a statewide, confidential, computerized database of patient information. SCIONx records constitute confidential information that may include, but is not limited to, patient identifiable and protected health information. Users of SCIONx are required by law to safeguard the confidentiality and security of this information. Access to SCIONx is by individual user identification and password.

THEREFORE, as a condition to receiving access to SCIONx, I agree as follows:

Agree



I will attend all DHEC training required for SCIONx access.

Agree



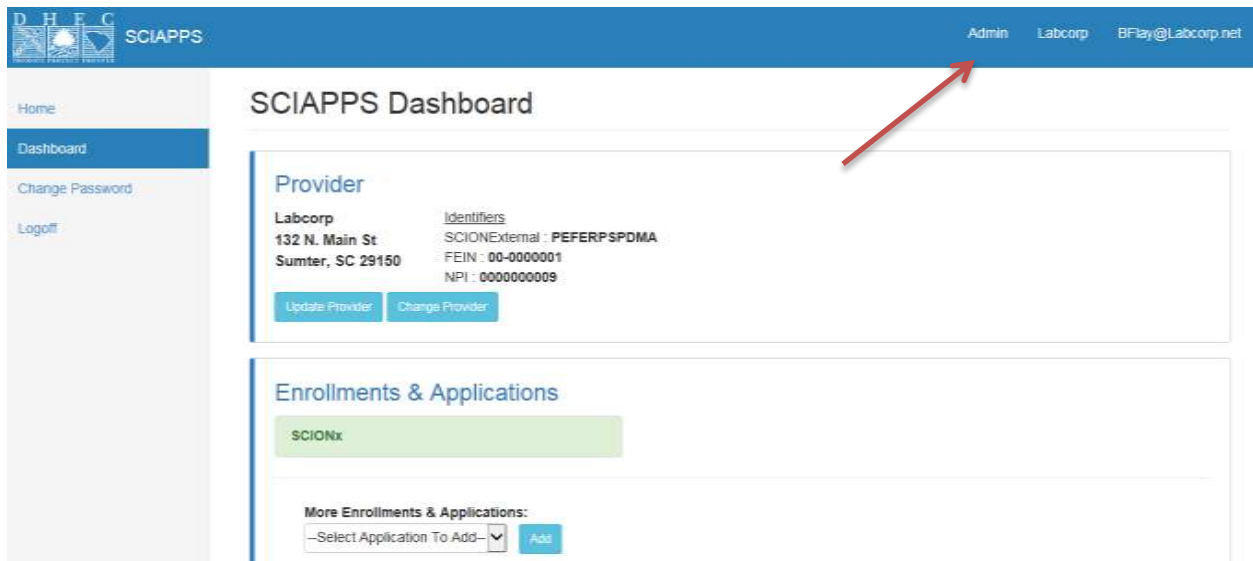
I understand that SCIONx information is confidential patient information that should only be disclosed to persons authorized to receive it.

As you read each statement, click "Agree". At the end of the agreement click "Save" to electronically sign the form. Once the User Agreement has been completed, you are ready to use SCIONx.

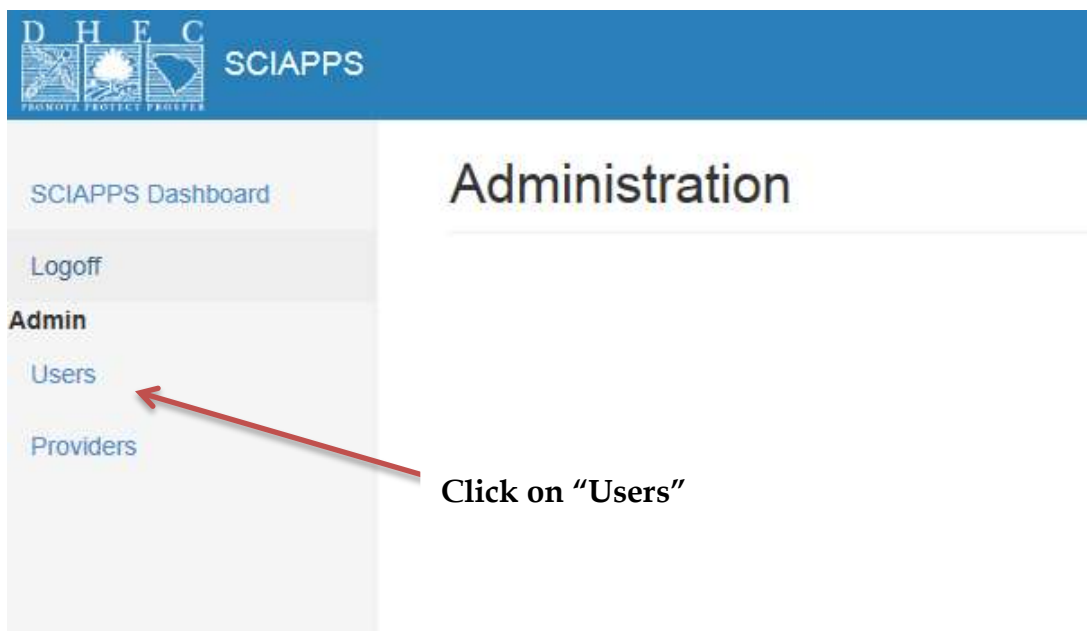
ADDING NEW USER/PROVIDERS

NOTE: Once the ESA's account has been approved, additional users can then be added to the system.

To Add New Users:



On the SCIAPPS Dashboard click on “Admin” which is located in the top right corner of your screen.



Click on “Users”

ADDING NEW USERS/PROVIDERS

Users

Search Criteria

User Details:
Email, First Name or Last Name

OR

Providers:

Username

First Name

Last Name

Enabled

Security Profiles

Enter Search Criteria To Find Users

Click on "Add New User"

Enter the new user information into the applicable fields.

New User

User Details

Username/Email:

First Name:

Middle Name:

Last Name:

Position:

Phone Number:

Enabled: ☐ Yes ☐ No

A valid email address must be entered into this field.

Choose "YES" to enable the user's account.

ADDING NEW USERS/PROVIDERS

Providers

Provider Name	PIN	Remove
---------------	-----	--------

No Providers Found

Providers:

--SELECT PROVIDER--



Add Selected Provider



Click on the drop down to view the current list of Providers/Locations.

Providers

Provider Name	PIN	Remove
---------------	-----	--------

Providers:

Labcorp || 132 N. Main St Sumter, SC 29150



Add Selected Provider




Highlight the provider then click "Add Selected Provider."


ADDING NEW USERS/PROVIDERS

Highlight “Scion User” in the drop down and then click “Assign Selected Profile” to add SCION User onto the users’ security profile.

Providers

Provider Name	PIN	Remove
Labcorp Hartsville		REMOVE 

Providers:

--SELECT PROVIDER-- 


Add Selected Provider


Security

Security Profile	Description
Legal Signature Authority	Access to Terms of use on the Direct Data Entry Enrollment system and HL7 Enrollment system.
Provider Registry Override User	Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application with override rights.
Provider Registry Read Only User	Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application in ReadOnly mode.
Provider Registry Standard User	Access to Direct Data Enrollment system. Access to User Agreement form. Access to SCI Registry application.
SCION User	Access to SCIONx Enrollment System.

Security Profile**Remove**

Security Profiles To Add:

Profiles: SCION User 

Assign Selected Profile 

Click “Assign Selected Profile”

Once the user account has been added, an email with a link to create a password will be sent.

SCIAPPS Password Reset:

JDoe@labcorp.net

You must reset your password before you can login.

This is valid for 24 hours.

<http://wwwtest/Apps/Health/SCIAPPS/User/ResetPassword?token=EVEf237owDRZQO0qdB31GA2>

NEW PROVIDERS:

To add an additional provider/location click on “Admin”

The screenshot shows the SCIAPPS Dashboard interface. At the top, there is a blue header bar with the SCIAPPS logo on the left and the text "Admin Labcorp BFlay@Labcorp.net" on the right. A red arrow points to the "Admin" link. Below the header, the main content area is titled "SCIAPPS Dashboard". On the left side, there is a sidebar with links: "Home", "Dashboard" (highlighted), "Change Password", and "Logout". The main content area is divided into two sections. The first section is titled "Provider" and displays information for "Labcorp" at "132 N. Main St, Sumter, SC 29150". It also shows "Identifiers" including "SCIONExternal : PEFERPSDMA", "FEIN : 00-0000001", and "NPI : 0000000009". Below this information are two buttons: "Update Provider" and "Change Provider". The second section is titled "Enrollments & Applications" and shows a green bar labeled "SCIONx". Below this, there is a section titled "More Enrollments & Applications:" with a dropdown menu labeled "-Select Application To Add-" and an "Add" button.

SCIAPPS

Admin Labcorp BFlay@Labcorp.net

Home

Dashboard

Change Password

Logout

SCIAPPS Dashboard

Provider

Labcorp
132 N. Main St
Sumter, SC 29150

Identifiers
SCIONExternal : PEFERPSDMA
FEIN : 00-0000001
NPI : 0000000009

Update Provider Change Provider


Enrollments & Applications

SCIONx

More Enrollments & Applications:

-Select Application To Add- Add

ADDING NEW USERS/PROVIDERS

**SCIAPPS**
PROMOTE. PROTECT. PRIORITIZE.

[SCIAPPS Dashboard](#)
[Logoff](#)
Admin
[Users](#)
[Providers](#)

Administration

Click "Providers"

SCIAPPS Providers

1 records found.

PIN	Name↑	Address	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Labcorp	132 N. Main St	Sumter

[Add New Provider/Location](#)

Add "New Provider/Location"

New Provider/Location Request

Pending Requests

Request Date	Provider Name
NO PENDING PROVIDER REQUESTS FOUND	

*Denotes Required Field

Facility Information

* Facility Name:

Practice Name:
(or Doing Business As)

Federal Employee
Identification Number:
* (FEI)

* Organization's NPI:

* Facility Phone Number:

Ext:

Facility Address:
* (no P.O. Box)

* City:

* State:

* Zip:

* County:

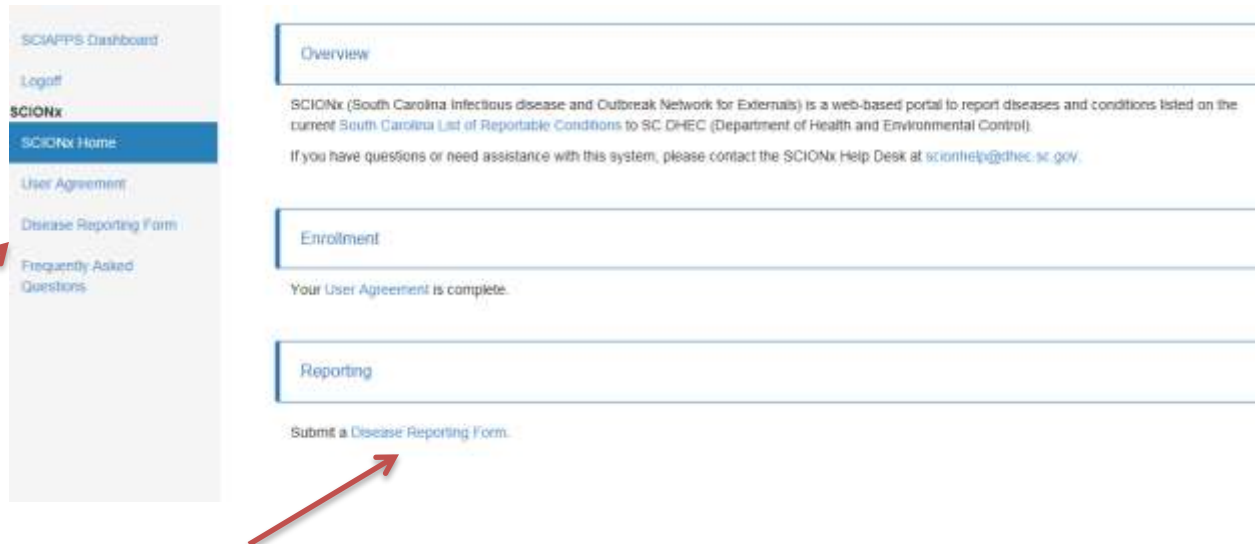
Enrollment/Registration Types

- ☐ South Carolina Immunization Registry (SCI Registry)
- ☐ VFC Program
- ☐ HL-7 Electronic Data Exchange to the Registry
- ☐ SCIONx

Submit

**Make sure to choose
"SCIONx" prior to hitting
Submit.**

Submitting a Disease Report:



The screenshot displays the SCIONx web portal interface. On the left is a vertical navigation menu with the following items: 'SCIAPPS Dashboard', 'Logout', 'SCIONx', 'SCIONx Home' (highlighted in blue), 'User Agreement', 'Disease Reporting Form', 'Frequently Asked Questions', and 'Help'. A red arrow points from the 'Disease Reporting Form' link in the menu to the 'Reporting' section on the right. The right side of the page is divided into three horizontal sections: 'Overview', 'Enrollment', and 'Reporting'. The 'Overview' section contains text about SCIONx and a link to the 'South Carolina List of Reportable Conditions'. The 'Enrollment' section states 'Your User Agreement is complete.' The 'Reporting' section contains a link labeled 'Submit a Disease Reporting Form'. A second red arrow points from this link to the 'Disease Reporting Form' link in the left navigation menu.

SCIAPPS Dashboard
Logout
SCIONx
SCIONx Home
User Agreement
Disease Reporting Form
Frequently Asked Questions
Help

Overview

SCIONx (South Carolina Infectious disease and Outbreak Network for Externals) is a web-based portal to report diseases and conditions listed on the current South Carolina List of Reportable Conditions to SC DHEC (Department of Health and Environmental Control).
If you have questions or need assistance with this system, please contact the SCIONx Help Desk at scionhelp@dhec.sc.gov.

Enrollment

Your User Agreement is complete.

Reporting

[Submit a Disease Reporting Form](#)

Click the link on the left or bottom of the Enrollment page to open the Disease Reporting Form.

DISEASE REPORTING FORM

2015 South Carolina Department of Health and Environmental Control Disease Reporting Form

Disease reporting is required by SC Code of Laws Section 44-29-10, 44-53-1380, 44-1-110, and 44-1-140 and Regulation 61-20. See other side for list of reportable diseases. Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities for the purpose of preventing or controlling disease. (45 CFR §164.512)

Reportable Condition

Disease/Condition:

Patient Information

Last Name:

First Name:

MiddleName:

Patient ID:

Last 5 SSN: X-XXXX

DOB:

Street Address:

City:

State:

Zip Code:

County:

Preferred Contact Number:

Select the disease that you wish to report, and enter all of the patient information that you have. If you find that you have selected the wrong disease, you may reset the form by clicking the "Reset" button next to the disease. This will clear the entire form and you can then select the correct disease.

DISEASE REPORTING FORM

Enter the patient demographics, diagnosis and symptoms, visit details and treatment information.

Demographics

Ethnicity:

Race: ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other Race

* Sex:

Diagnosis/Symptoms

Date of Diagnosis:

Date of Symptom Onset:

Symptoms:

Visit

Hospitalized?

Emergency Room:

Died:

Treatment

Treated?

DISEASE REPORTING FORM

Enter the lab information.

Note: The lab tests that are available to be selected are determined by the disease that you have selected at the top of the form.

Laboratory Results Information

Specimen

* Collection Date:

Specimen

Received Date:

* Specimen Type:

Accession Number

* Test Result Date:

* Lab Test Name:

Coded Result:

Numeric Result:

Species/Serotype:

Comments:

+

If you have more than one lab result for this disease, click the + symbol in the bottom left of the lab area to add the additional results. If you have additional results for a different disease, fill out a separate disease form after you have submitted this one.

DISEASE REPORTING FORM

Enter the susceptibilities, if present.

Sensitivities

Sensitivity Result Date:

Sensitivity Name:

--Select Sensitivity Name--

Sensitivity Coded Result:

--Select Sensitivity Coded Result--

Sensitivity Numeric Result:

Comments:

+

If there are additional sensitivities to report, click the + symbol in the bottom left of the lab area to add the additional results. Complete the status and reporting information. If you do not have the information at the time of reporting, tab through the field and leave it blank.

DISEASE REPORTING FORM

Patient Status

In childcare?

-Select One-

Food Handler?

-Select One-

Daycare Worker?

-Select One-

Health Care Worker?

-Select One-

Daycare Worker?

-Select One-

Nursing home or other chronic care facility?

-Select One-

Prisoner/Detainee?

-Select One-

Outbreak related?

-Select One-

Travel in last 4 weeks?

-Select One-

Other:

Reporting Information

Ordering Provider Name:

-Select Ordering Provider Name-

Ordering Provider Phone:

Performing Facility:

-Select Performing Facility-

Comments:

Save

Reset

Success

The Disease Reporting Form has been submitted.

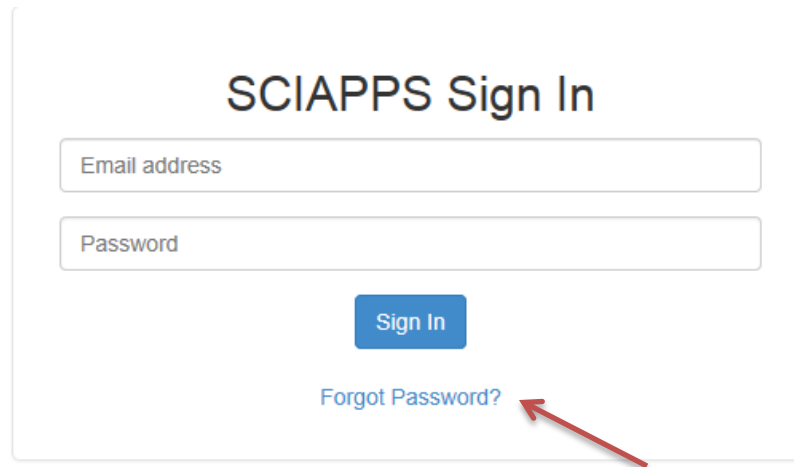
Your Case Number is: **100000300.**

Once you click "Save" the form is submitted and a Case Number will be issued.

NOTE: Do not attempt to resubmit by using the back arrow. If the information was submitted incorrectly please click on Disease Reporting, resubmit the information then contact the SCIONx Helpdesk immediately at 1-800-917-2093.

SCIAPPS:

If you have forgotten your password for SCIAPPS or it no longer works, you can reset it by clicking “Forgot Password?” on the SCIAPPS homepage.



SCIAPPS Sign In

Email address

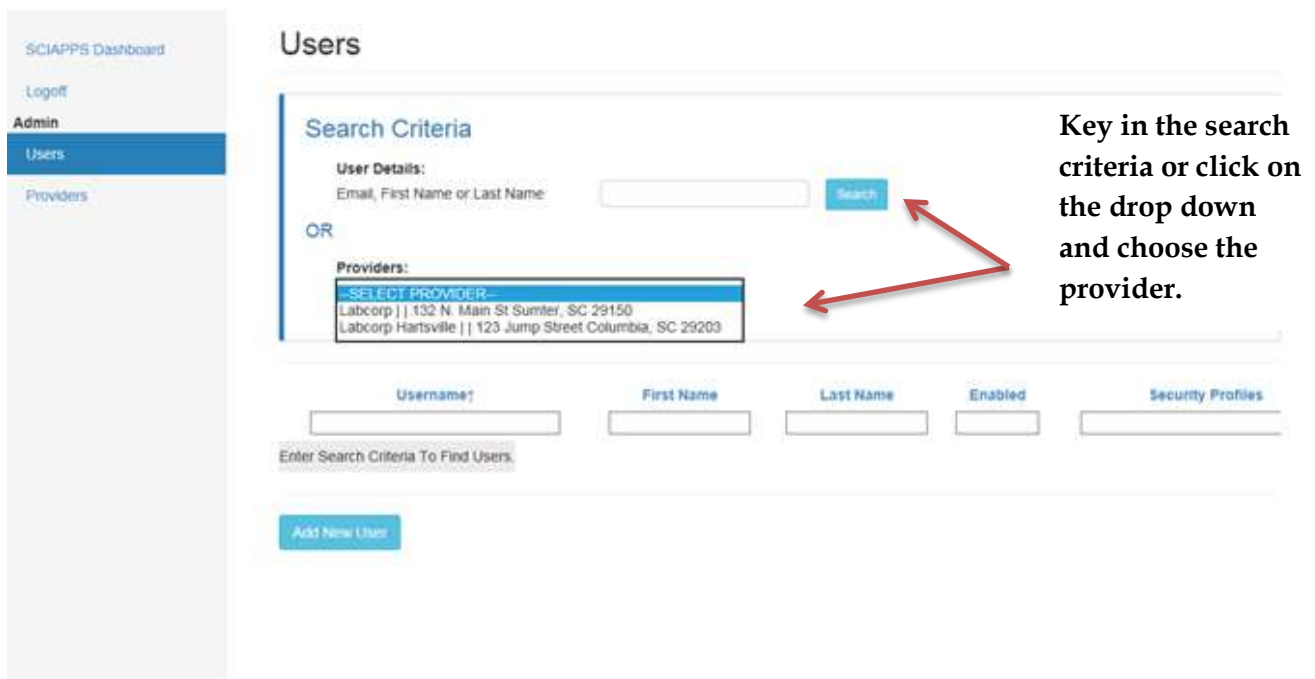
Password

Sign In

[Forgot Password?](#)

ESA resetting a current SCIONx user:

Log into SCIAPPS and click on “Admin”. Next, click on “Users”.



SCIAPPS Dashboard

Logout

Admin

Users

Providers

Users

Search Criteria

User Details:

Email, First Name or Last Name:

OR

Providers:

SELECT PROVIDER

Labcorp || 132 N. Main St Sumter, SC 29150

Labcorp Hartsville || 123 Jump Street Columbia, SC 29203

Key in the search criteria or click on the drop down and choose the provider.

Username? First Name Last Name Enabled Security Profiles

Enter Search Criteria To Find Users.

Users

Search Criteria

User Details:
Email, First Name or Last Name

OR

Providers:
Labcorp Hartsville || 123 Jump Street Columbia, SC 29203 ▼

2 records found.

Username	First Name	Last Name	Enabled	Security Profiles
#Play@Labcorp.net	Bobby	Play	True	Electronic Signature Authority
SEasley@harts-labcorp.net	Sandra	Easley	True	SCION User

Click on the user that is requesting the password reset.

Edit User

For Testing, Send Email To:

User password was successfully reset.

They will receive an email shortly with password instructions.

User Details

Username/Email:

First Name:

Middle Name:

Last Name:

Once “Reset Password” is clicked, an email with a link to reset the password will be sent to the user.

Appendix A: Acronym Guide

- (CHESS) - Carolina's Health Electronic Surveillance System
- (ESA) - Electronic Signature Authority
- (SCIAPPS) - South Carolina Information Applications
- (SCION) - South Carolina's Infectious disease and Outbreak Network
- (SCIONx) - South Carolina Infectious disease and Outbreak Network for Externals
- (SFA) - Senior Facility Authority